



## CERTIFICATE OF REGISTRATION OF TRADE NAME

City and Town Clerk  
Registrar of Vital Statistics  
888 Washington Boulevard  
P.O. Box 891  
Stamford, CT 06904-0891  
(203) 977-4054

To be completed by Town Clerk Dept.

DO NOT WRITE

Received & Filed \_\_\_\_\_

@ \_\_\_\_\_ File # \_\_\_\_\_

The fee to file a trade name is **\$8.00** which includes one certified copy, \*Remit check or money order made payable to: **The City of Stamford**

Please check off one: ☐ NEW

☐ AMEND

☐ CANCEL

The undersigned hereby certify that (I, We,) (am, are) conducting business in said Town of Stamford, Connecticut,

Under the full trade name of:

\_\_\_\_\_  
(Print Business Name Above)

\_\_\_\_\_  
(Print a brief Description of Business)

\_\_\_\_\_  
(Print the STREET & CITY Address of the Business)

The full name of every person conducting and transacting said business, together with the resident address of each of said persons is as follows:

PRINT YOUR NAME

SIGNATURE

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

State of Connecticut)

SS: Stamford, CT \_\_\_\_\_

County of Fairfield )

Personally appeared \_\_\_\_\_

Who subscribed the foregoing certificate, and acknowledged that (he, she, they) executed the same before me.

Attest: \_\_\_\_\_

Town Clerk

\_\_\_\_\_  
Notary Public

Commission, Expires \_\_\_\_\_